Rat-ing

that great insistence is placed upon ascertainment of the service-connected disease as a true pathological entity. A subsequent change of diagnosis from one of an organic condition to one reflecting the effect of psychic or nervous factors casts doubt on the original diagnosis, but unless the correction is promptly made continuance of the service connection and of the evaluation under the new diagnosis is required. Such a change does not reflect an improvement of the physical condition.

§4.102 Varicose veins and phlebitis.

With severe varicose veins, tests to determine impairment of deep return circulation are essential, as the superficial varicosities may be caused by the impairment of deep return circulation, or there may be phlebitis as a complication of varicose ulcers. With phlebitis, or impairment of deep return circulation, the appropriate higher rating should be applied.

§4.103 [Reserved]

§4.104 Schedule of ratings-cardiovascular system.

DISEASES OF THE HEART

	Rat- ing
7000 Rheumatic heart disease: As active disease and, with ascertainable cardiac manifestation, for a period of 6 months Inactive:	100
Definite enlargement of the heart confirmed by roentgenogram and clinically; dyspnea on slight exertion; rales, pretibial pitting at end of day or other definite signs of be- ginning congestive failure; more than sed-	
entary employment is precluded	100
light manual labor is precluded	60
definitely enlarged heart	30
ease	10

DISEASES OF THE HEART—Continued

Extensive, obliterating the sac, with congestive	
heart failure	100
Rate lesser conditions as rheumatic heart dis-	
ease, inactive. 7004 Syphilitic heart disease:	
Rate as rheumatic heart disease, inactive.	
7005 Arteriosclerotic heart disease:	
During and for 6 months following acute illness	
from coronary occlusion or thrombosis, with circulatory shock, etc	100
After 6 months, with chronic residual findings of	100
congestive heart failure or angina on moderate	
exertion or more than sedentary employment	100
precludedFollowing typical history of acute coronary occlu-	100
sion or thrombosis as above, or with history of	
substantiated repeated anginal attacks, more	
than light manual labor not feasible Following typical coronary occlusion or throm-	60
bosis, or with history of substantiated anginal	
attack, ordinary manual labor feasible	30
7006 Myocardium, infarction of, due to thrombosis	
or embolism. Rate as arteriosclerotic heart disease.	
7007 Hypertensive heart disease:	
With definite signs of congestive failure, more	
than sedentary employment precluded	100
With marked enlargement of the heart, con-	
firmed by roentgenogram, or the apex beat beyond midclavicular line, sustained diastolic	
hypertension, diastolic 120 or more, which	
may later have been reduced, dyspnea on ex-	
ertion, more than light manual labor is pre- cluded	60
With definite enlargement of the heart, sustained	
diastolic hypertension of 100 or more, mod-	
erate dyspnea on exertion	30
With signs of congestive failure	100
With permanent or paroxysmal auricular fibrilla-	
tion	60
NOTE: The ratings under Code 7008 are not to be combined with ratings for hyperthyroidism.	
Rate lesser conditions as hyperthyroidism.	
Cardiac neurosis.	
Refer to psychiatric schedule. NOTE: The following Codes 7010 through 7015	
reflecting arrhythmias and conduction abnor-	
malities are occasionally encountered. Stand-	
ing alone they represent incomplete diag-	
noses. Ratings are not to be combined with those for other heart or psychiatric conditions.	
7010 Auricular flutter, paroxysmal.	
Rate as paroxysmal tachycardia.	
7011 Auricular fibrillation, paroxysmal. Rate as paroxysmal tachycardia.	
7012 Auricular fibrillation, permanent	10
7013 Tachycardia, paroxysmal:	
Severe, frequent attacks	30
Infrequent attacks	10
Persistently 100 or more in recumbent position	10
7015 Auriculoventricular block:	
Complete; with attacks of syncope necessitating the insertion of a permanent internal pace-	
maker, and for 1 year, after which period the	
rating will be on residuals as below	100
Complete: with Stokes-Adams attacks several	
times a year despite the use of medication or management of the heart block by pacemaker	60

100

100

60

30

10